

THE STATE OF NEW HAMPSHIRE JUDICIAL BRANCH

<http://www.courts.state.nh.us>

Court Name: 10th Circuit - District Division - Hampton

Case Name: State of New Hampshire v. Destinie L. Berard

Case Number: 441-2024-CR-00353
(if known)

REQUEST FOR CERTIFICATE OR COPY

1. Person making request Dana Albrecht Telephone number (603) 809-1097
Mailing address 131 Daniel Webster Hwy #235
2. I request the following certificates or copies:

<input type="checkbox"/> Certificate of Name Change	Quantity	_____ (photo ID copy required)
<input type="checkbox"/> Certificate of Appointment	Quantity	_____ (photo ID copy required)
<input type="checkbox"/> Certificate of Adoption	Quantity	_____ (See #3 below)
<input checked="" type="checkbox"/> Certified copy - list documents		
<u>6/21/2024 Financial Affidavit (Index #13)</u>	Quantity	<u>1</u>
<u>4/10/2025 Financial Affidavit</u>	Quantity	<u>1</u>
<u>(Documents are Sealed)</u>	Quantity	_____
<input checked="" type="checkbox"/> Plain copy – list documents		
<u>Same as above</u>	Quantity	<u>1</u>
<u>1 plain and 1 certified copy of both documents</u>	Quantity	_____
<input type="checkbox"/> Authenticated Packet	Quantity	_____
<input type="checkbox"/> Other – explain <input type="checkbox"/> Foreign Country	Quantity	_____
3. For a Certificate of Adoption, please check one of the following:

<input type="checkbox"/> I am the adoptee identified in the certificate, and I am age 18 or older.
<input type="checkbox"/> I am the adoptive parent of the adoptee identified in the certificate, and this adoptee is under the age of 18.
<input type="checkbox"/> Enclosed is a copy of my driver's license, or a photo ID
4. For all requests, please check one of the following:

<input checked="" type="checkbox"/> I will pick up these certificates or copies.
<input type="checkbox"/> Please mail the certificates or copies to the address indicated in #1 above.

April 10, 2025
Date


Signature

To be completed by Court Staff

Type of Proof of Identification provided _____

Amount paid: _____ Payment made by: ☐ Check ☐ Cash ☐ Credit Card

Date sent or picked up: _____ Issued by: _____

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(if known)

REQUEST FOR CERTIFICATE OR COPY

1. Person making request Dana Albrecht Telephone number (603) 809-1097
Mailing address 131 Daniel Webster Hwy #235, Nashua NH 03060
2. I request the following certificates or copies:

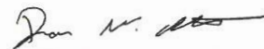
<input type="checkbox"/> Certificate of Name Change	Quantity	_____ (photo ID copy required)
<input type="checkbox"/> Certificate of Appointment	Quantity	_____ (photo ID copy required)
<input type="checkbox"/> Certificate of Adoption	Quantity	_____ (See #3 below)
<input type="checkbox"/> Certified copy - list documents	Quantity	_____
	Quantity	_____
	Quantity	_____
<input checked="" type="checkbox"/> Plain copy – list documents	Quantity	_____
<u>4/10/2025 Request for Lawyer Form</u>	Quantity	<u>1</u>
<u>Handwritten Request for Lawyer (Not Accepted)</u>	Quantity	<u>1</u>
<input type="checkbox"/> Authenticated Packet	Quantity	_____
<input type="checkbox"/> Other – explain <input type="checkbox"/> Foreign Country	Quantity	_____
3. For a Certificate of Adoption, please check one of the following:

<input type="checkbox"/> I am the adoptee identified in the certificate, and I am age 18 or older.
<input type="checkbox"/> I am the adoptive parent of the adoptee identified in the certificate, and this adoptee is under the age of 18.
<input type="checkbox"/> Enclosed is a copy of my driver's license, or a photo ID
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April 10, 2025

Date



Signature

To be completed by Court Staff

Type of Proof of Identification provided _____

Amount paid: _____ Payment made by: ☐ Check ☐ Cash ☐ Credit Card

Date sent or picked up: _____ Issued by: _____



April 11, 2025

Dear Dana Albrecht:

The following is in response to your request for proof of delivery on your item with the tracking number:
4200 3842 9581 7067 1176 5100 6382 89.

Item Details

Status: Delivered, Front Desk/Reception/Mail Room
Status Date / Time: April 11, 2025, 11:57 am
Location: HAMPTON, NH 03842
Postal Product: Priority Mail Express 2-Day®
Extra Services: PO to Addressee
Signature Service
Up to \$100 insurance included
Recipient Name: TRACY MEYER
Actual Recipient Name: R FIORE

Note: Actual Recipient Name may vary if the intended recipient is not available at the time of delivery.

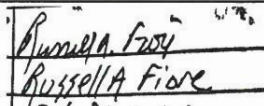
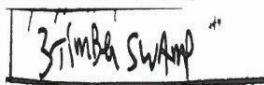
Shipment Details

Weight: 2.0oz

Destination Delivery Address

Street Address: 3 TIMBER SWAMP RD
City, State ZIP Code: HAMPTON, NH 03842-1707

Recipient Signature

Signature of Recipient:	
Address of Recipient:	

Note: Scanned image may reflect a different destination address due to Intended Recipient's delivery instructions on file.

Thank you for selecting the United States Postal Service® for your mailing needs. If you require additional assistance, please contact your local Post Office™ or a Postal representative at 1-800-222-1811.

Sincerely,
United States Postal Service®
475 L'Enfant Plaza SW
Washington, D.C. 20260-0004